



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226703
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1226703

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561

Elite

**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1278
 Foreman Steve Mead
 Camp Eureka

API 15-111-20511

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-11-14	1059	STURUC #4	13	215	10E	LYON	KS	
Customer			Unit #		Driver		Unit #	Driver
Shankie Well Service LLC			104		Alan M			
Mailing Address			112		CHRISM			
P.O. Box 397								
City		State	Zip Code					
Madison		KS	66860					

Job Type Surface Hole Depth 118 Slurry Vol. 19 Tubing _____
 Casing Depth 105 Hole Size _____ Slurry Wt. 14.8 Drill Pipe _____
 Casing Size & Wt. 8 5/8 Cement Left in Casing 10' Water Gal/SK _____ Other _____
 Displacement 6 3/4 bbls Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Rig up to 8 5/8 casing. Break circulation w/ Fresh water.
Mix 80sks Class A Cement w/ 3% CaCl2, 2% Gel. Displace w/ 6 3/4 bbl Fresh water
Shut well in. Good cement returns to surface 1 bbl top it.
Job Complete - Rig down

Thank you.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	35	Mileage	3.95	138.25
C200	80sks	Class A Cement	15.00	1200.00
C203	225 ^{lb}	3% CaCl2	.60	135.00
C206	150 ^{lb}	2% Gel	.20	30.00
C108A	3.76	Ton Mileage bulk truck	MIC	345.00
			Subtotal	2688.25
			Sales Tax	97.60

Authorization collected by Mike Stafford Title Toolpusher Total 2785.85

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



**Cementing & Acidizing
 of Kansas, LLC**



Cement or Acid Field Report
 Ticket No. 1292
 Foreman Rick Ledford
 Camp Eureka 11'

API# 15-111-20511

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-14-14	1059	Steve # 4	13	215	10E	Lyon	Ks	
Customer Shankie Well Service Inc.			Safety Meeting PL PM SA RR		Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 397					104	Alan M.		
City Madison					111	Shannon F.		
State Ks					111	Rudy M.		
Zip Code 66860								

Job Type <u>L/S</u>	Hole Depth <u>2650'</u>	Slurry Vol. <u>50 Bbl</u>	Tubing _____
Casing Depth <u>2641' 6.2</u>	Hole Size <u>7 7/8"</u>	Slurry Wt. <u>13.7#</u>	Drill Pipe _____
Casing Size & Wt. <u>5 1/2" 15.50</u>	Cement Left in Casing <u>0'</u>	Water Gal/SK <u>9.0</u>	Other _____
Displacement <u>64 Bbl</u>	Displacement PSI <u>700</u>	Bump Plug to <u>1300</u>	BPM _____

Remarks: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water. Pump 100' caustic soda pre-flush w/ 12 Bbl water, 5 Bbl water spacer. Mixed 150 sacks thickset cement w/ 5" Kol-seal/sk + 1" phemseal/sk @ 13.7#/gal washout pump + lines, release latch down plug. Displace w/ 6" Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1300 PSI. Release pressure float + plug held. Good circulation @ all times while cementing. Rotated casing while displacing plug. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	35	Mileage	3.95	138.25
C201	150 sks	thickset cement	19.50	2925.00
C207	750 #	5" Kol-seal/sk	.45	337.50
C208	150 #	1" phemseal/sk	1.25	187.50
C217	100 #	Caustic Soda pre-flush	1.60	160.00
C108B	8.25	tan mileage bulk-tr	1.35	389.81
C113	4 hrs	80 Bbl UAC TR	85.00	340.00
C224	3300 gals	city water	10.00/1000	33.00
C421	1	5 1/2" latch down plug	230.00	230.00
C112	1	Rental on 5 1/2" rotating head	100.00	100.00
C1601	1	5 1/2" ATV float shoe	294.00	294.00
C1604	1	5 1/2" cement basket	225.00	225.00
C504	6	5 1/2" x 7 7/8" centralizers	48.00	288.00
			Subtotal	6698.06
			7.15%	Sales Tax
				341.77

Authorization witnessed by Cliff Shankie Title Owner Total 7039.83

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100493
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-17-14		STUEBE # 4		LYON
Customer Schanke Well Serv		Mailing Address	City	State Zip

Job Type: <u>Top Outside</u>	Truck #	Driver
Hole Size: <u>7 7/8"</u>	<u>201</u>	<u>Jerry</u>
Casing Size: <u>5 1/2"</u>	<u>202</u>	<u>Bryon</u>
Hole Depth:		<u>David</u>
Bridge Plug:		
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
<u>0</u>	Mileage <u>Truck on location</u>	\$3.25/Mile	<u>N/A</u>
<u>153 SACKS</u>	<u>60/40 Premix cement</u>	<u>12.00</u>	<u>1836.00</u>
<u>525 lbs</u>	<u>Gel 4%</u>	<u>.30</u>	<u>157.50</u>
	<u>Rental on 1" swivel - H.P. Messes</u>	<u>50.00</u>	<u>50.00</u>
Tons	Bulk Truck <u>minimum charge</u>	<u>1.30</u>	<u>300.00</u>
	Plugs		
		Subtotal	<u>3133.50</u>
		<u>7.15%</u> Sales Tax	<u>142.54</u>
		Estimated Total	<u>3276.04</u>

Remarks: Rig up to 1" pipe, washed 1" down on backside - Taped at 1195', Pumped 5 Bbls water mixed 153 sks cement with good returns to surface. Pull 1" pipe out of well. Job complete - wash out 1" pipe - wash up.

"Thank You"

authorized by Cliff
 Customer Signature